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Attorney Docket No. 0756-7255

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Jun KOYAMA et al.

Serial No. 10/775,327

Filed: February 11, 2004

For: SEMICONDUCTOR DISPLAY  
DEVICE

) Group Art Unit:

) Examiner:

) CERTIFICATE OF MAILING

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) Commissioner for Patents, P.O. Box 1450,  
) Alexandria, VA 22313-1450, on

12.15.04

Adrian M. Stampen

**SECOND PRELIMINARY AMENDMENT**

Honorable Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Please consider the following amendments and remarks in connection with the above-identified application.

**Amendments to the Specification** begin on page 2 of this paper.

**Remarks** begin on page 6 of this paper.



PTO/SB/21 (08-00)

**TRANSMITTAL  
FORM***(to be used for all correspondence after initial filing)*

<b>Application Number</b>	10/775,327		
	<b>Filing Date</b>	February 11, 2004	
	<b>First Named Inventor</b>	Jun KOYAMA et al.	
	<b>Group Art Unit</b>		
	<b>Examiner Name</b>		
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	0756-7255

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Second Preliminary Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosures 1. 2. 3. 4. 5. 6.
<b>Remarks</b>		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2280 for the above identified docket number.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Eric J. Robinson, Reg. No. 38,285 Robinson Intellectual Property Law Office, P.C. PMB 955 21010 Southbank Street Potomac Falls, VA 20165
Signature	
Date	12-14-04

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Type or printed name	Adele M Stamper		
Signature		Date	12-15-04

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